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# **Relationship Between social intelligence and resonant leadership in public health Institutions**

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## **Abstract**

The investigation sought to establish the relationship between social intelligence and leadership resonant in public health institutions. quantitative methodology, descriptive, field design, transversal and not experimental and correlational, using the survey technique and an instrument a questionnaire of 57 items, aimed at medical staff, care and management of the institutions under review, classified type 4 of the Zulia state. The findings reflect the lack of correlation between the study variables. It is concluded that these are manifested independently, requiring the redefinition of past concepts of social relationships and innovative styles to lead.

**Keywords:** social intelligence, resonant leadership, relationship intelligence and social Between Resonant leadership, intelligence, leadership.

## Relación entre la inteligencia social y liderazgo resonante en instituciones públicas de salud

### Resumen

La investigación buscó establecer la relación entre la inteligencia social y liderazgo resonante en instituciones públicas de salud. Metodología cuantitativa, tipo descriptiva, diseño de campo, transversal, no experimental y correlacional, utilizándose la técnica de la encuesta y como instrumento un cuestionario de 57 ítems, dirigido al personal médico, asistencial y administrativo de las instituciones objeto de estudio, clasificadas tipo 4, del estado Zulia. Los hallazgos reflejan la inexistencia de correlación entre las variables de estudio. Se concluye que estas se manifiestan de manera independiente, requiriendo la resignificación de los conceptos pretéritos de las relaciones sociales y estilos innovadores para liderar.

**Palabras claves:** inteligencia social, liderazgo resonante, relación entre la inteligencia social y liderazgo resonante, inteligencia, liderazgo.

### 1. INTRODUCTION

We are living in an era in which large companies from all over the world advocate integral, Dynamic, creative and enthusiastic profiles. In this sense, the labor market is evolving from the socio-business needs. Attitudes that used to be essential are no longer essential today, and new skills focused on social competencies are

taking their place. For SERNA (2012), social intelligence (SI) defines it as the interactive sensitivity of people, to the management of their relationships with others.

For researchers, social intelligence, is the new science for improving human relations, aimed at the psychology of people, conceptualized as the ability to define and shape mood and biology while exerting analogous influence on them. Worldwide the management of public organizations, have significantly reformed their vision in recent times, the application of prototypes for human resource management in health institutions is being universally transformed.

The World Health Organization (WHO) in 2017, described his workers as people who live with high levels of stress (psychological stress) that cause occupational diseases and can aggravate other health problems, because they are high risk professionals, which is influenced by the frequent interaction with people in situations of illness, involving high emotional burdens; added to this, the few resources they have to have an adequate performance of their functions as economic compensation and / or social recognition for the fulfillment of its work.

Countries such as Brazil and Chile have health in their political and strategic priorities, appropriate position to the needs that patients cannot find in their own regions. This, rather than medical tourism represents an act of social intelligence, as long as you can afford it.

Argentina has a high potential in human resources and assistance structures, to provide excellent service in any medical specialty. This means that an era of metamorphosis is being established in the health sector in Latin America, where the center of the value of institutions is human talent, integrated by their competencies.

To this end, change is essential for socio-productive development, instead of perpetuating cyclical fashion and *laissez-faire* leadership, it must be transcended with integrating models that generate favorable actions for the organization and its people. Countries such as Colombia, Chile and Ecuador demand the need to seek and create metatheories, conceptions that, based on a philosophical and scientific orientation, operate as an open system.

Currently in Venezuela, 243 health institutions in the public sector, are adjusting to the specific interventions of established changes in health management, adhering to the occasion country, socio cultural, economic and political. In the state of Zulia, some hospitals are expected to incorporate a model of health management and administration based, not only on the intellectual coefficient and capacities, but also on the way in which they relate to others, the level of adaptation to new social conditions and competencies. At the same time, hospitals classified as type 4 have been involved in this process because they are the largest and most complex.

The management of hospital organizations are in a time of uncertainty and new trends, where everything goes from one extreme

to another constantly, in these scenarios many leaders might be confused in organizational management, for that reason it is necessary that these institutions adapt to changes coming from the global environment, seeking new forms administration of people in health with the complexity of the business world and social and labor relations, promoting a resounding leader, which is an innovative proposal for the timely negotiation of corporate crises.

Leadership, as a complex phenomenon, has been understood from different perspectives, as well as epistemological currents, with impact in certain times, adjusted to historical and cultural changes that are staged, characterized by the capacity in decision-making, ability to develop in the best way and achieve goals in diverse scales, as long as motivation is sustained and prospers under different approaches.

According to GOLEMAN, BOYATZIS and McKEE (2016), resonant leadership, attunes to people's feelings and directs them in an emotionally positive direction, sincerely expressing their own values, harmonizing the emotions of the people around it. This occurs when the leader arouses appropriate feelings and emotions of the team, reaps the ability to connect and understand their own feelings and those of the group members, achieving personal success and good business performance.

Faced with such a contribution, for those who investigate resonant leadership, it breaks the status of uncertainty, for emotional and integral control of people, has full control of their emotions and

knows the importance of their management, taking advantage of them for the good of the entire organization. Transmitting security and confidence, generating a sense of connection and belonging, to face changes and encourage new ideas, motivating others to grow together, connecting with their interlocutors and even positively transforming moods.

Currently the organizational dynamics, requires people who can develop new ways of leading, is where it speaks about innovative discipline, management tool and direction that focuses on how individuals in a social environment regulate their emotions, make decisions and solve problems, that is why it requires a new profile of Venezuelan managerial leader, capable of interpreting changes, which day after day arise in the country and where the state plays a decisive role in the development of many Non-Governmental Organizations (NGOs), such is the case of social intelligence and resonant leadership. Taking into account these considerations in Zulia State, the type 4 hospital entities that provide specialized health care to the population do not scape the need for highly qualified personnel, with competence to relate and leadership to overcome and achieve goals in a renovating manner, adapted to the new trends in the market.

Moreover, the guideline to be followed by public sector health institutions are guidelines geared more to the quantity and not to the quality of care, traditional social models and leadership, isolated jobs and work climates subjected to stress and tension, observed on repeated occasions when visits have been made within their facilities.

Added to deficiencies in health services and unmotivated professionals, due to the difficulties of the health system where the administration of both financial and human resources are allocated inappropriately, which has led to a progressive deterioration of health care, infrastructure, disintegration and segmentation of services, not in line with the health needs of the population.

As well as a series of social, economic and political factors, associated with the current situation of the country as a result of the humanitarian crisis, taking effect in the future if not managed and resolved in time, a massive hospital crisis, with unwanted repercussions on the morbidity and mortality of patients, which has led to the emergence of new management approaches within the hospital administration, which can grow and promote the right to health, humanity, equality and equity, guided by social intelligence and resonant leadership. Taking into account the realities of the events that arose during the investigation and all the situations raised in public health institutions, the following question is formulated: Will there be any association between social intelligence and resonant leadership in public health institutions?

## **2. THEORETICAL FUNDAMENT**

### **2.1 Social Intelligence and Resonant Leadership: An approach from the theoretical framework**



The term SI was first used by JOHN in its Moral Principles of Education (1909), and then by LULL in Moral Instruction Through Social Intelligence (1911). However, the origin of the concept is attributed THORNDIKE in 1920, defined as the ability to understand and manage men, women and children. One of the contributions, was related to the research of GARDNER, who published in 1983 a research he called multiple intelligences, which refers to those individual differences of mental constructions, in which some individuals have more skills than others.

SCHVARSTEIN (2003), indicates a set of competences needed to fulfill the social responsibility of the organizations. At the same time, ALBRECHT (2007) points out, that it is a combination of sensitivity to the needs and interests of others, getting along with others, with an attitude of generosity, consideration, support and ability to interact with others in any field. Similarly, MORGADO (2007) states that it is the ability of an individual to interact successfully with others, generating attachment, cooperation and avoiding conflicts.

Social intelligence involves using skills to engage and influence others in a situation with the environment (GEORGE, 2000; BOYATZIS and McKEE, 2005; STONE, 2006; WATERHOUSE, 2006; Wawra, 2009; TRIANA, 2012; HERNÁNDEZ, FERRÁNDIZ, FERRANDO, PRIETO and FERNÁNDEZ, 2014; SÁNCHEZ, FLUJAS and GÓMEZ, 2017; RAMÍREZ, VILLALOBOS and HERRERA, 2018; RÍOS, RAMÍREZ, VILLALOBOS, RUIZ y

RAMOS, 2019). For SERNA (2012), it refers to the social sensitivity of people, management of their relationships with others. While GOLEMAN (2012, 2014), states that it is an extension of emotional intelligence regarding it as a science of human relations, revealing that humans are programmed to connect with others, impacting lives, positively channel stimuli and connect with others. As for the understanding of this variable, MEDINA (2015) highlights that it is limited by its nature, it depends on the emotions, moods and social moment in which they occur.

Moreover, the concept of leadership has evolved according to the expectations of the changing world, where humans travel in search of best practices and welfare states, MCGUIRE (2009). Thus, in the 21<sup>st</sup> century, the resurgence of the human being as the protagonist of change is the flag for rethinking leadership, as expressed by CAILLIER (2014, 2016), this influences the employee performance. The charismatic, transformational and resonant leadership style is revealed as possibilities to achieve that inspiring influence that motivates followers achieve goals. As stated by PERRY and HONDEGHEM (2008) and WIESEL and MODELL (2014), in the first decade of the 21<sup>st</sup> century began developing a new theory of leadership in the public sector, this is related to what was highlighted by ZAHARIA (2012) who connotes the origin of the so-called new public administration which is increasingly accepted in the public sector.

In relation to trends which indicate that Venezuela requires leaders strengthened and oriented to competitiveness, with transformative vision, promoters trust, participation, knowledge and positive attitude, translated into optimism, leaders who innovate and grant empowerment to their staff in charge, such is the case of the resonant leader, according to LOAIZA (2015), this type of leadership must have adequate skills such as knowledge, interpersonal skills, commitment, technical knowledge, conceptual skills, staff management, good judgment and character, innovation, security, responsibility and influence.

According to GOLEMAN, BOYATZIS and McKEE (2016), resonant leadership attunes to people's feelings and directs them in an emotionally positive direction by sincerely expressing their own values and emotions of the people around them. It manages to connect with its interlocutors even reaching to transform positively the states of mind; it is easy to notice in brightness and interest that is reflected in the face of the employees, another sign is the optimism and enthusiasm that exhibit their subordinates.

The resonance occurs when the leader awakens positive feelings and emotions of the team. (BUITRAGO, HERNÁNDEZ, and HERNÁNDEZ, (2017); RAMÍREZ, LAY AVENDAÑO and HERRERA, (2018); CARDEÑO, BUITRAGO and HERNÁNDEZ (2018); VILLALOBOS and RAMÍREZ, (2018); VILLALOBOS, GUERRERO and ROMERO, (2019)). It opens the way through the unknown, inspiring people, institutions, organizations and communities. A renewed style that encourages towards future generations. BELLÉ (2012) and ANNÍA, VILLALOBOS, RAMÍREZ and RAMOS (2019), highlights the

importance of contact in the workplace, motivation, social impact among collaborators, all this generates a positive way, a better climate and job performance in the area of public health agencies.

Thus, according to the Institute of Strategic Management of the Zulia State (IGEZ, 2012), in the seven (7) years, ranging from 2005 to 2012, six hundred and forty (640) companies in the Western region contracted activities to strengthen resonant leadership and coach their executives, managers and supervisors, and a total of one thousand and fifty-four (1054) participants have been formed. This is an indicator of the importance that the training and development of soft skills for the strategic management of human talent is acquiring in Venezuelan organizations. TOCÓN (2014) establishes that resonant leaders are people capable of infecting the members of an organization, stimulating and mobilizing them channeling the emotions of each one, provoking a favorable climate to the organization. With the ability to know, reconcile, manage the characteristics of all leadership styles, according to the environment circumstances.

Faced with these contributions, resonant leadership leads the leader to recognize a follower with emotions, capable of relating, empathizing, feeling and understanding the impact of such emotion on decisions, leading to humanize the leadership process; that is to say, it offers a humanistic model of management in the organizations of the public health sector, capable of improving the direction, order, disposition, orchestration, organization, management and negotiation in the organizations.

Researches of ZEIDNER, MATTHEWS, and ROBERTS (2012), ZAHARIA (2012), BALDWIN, BOMMER and RUBIN (2013), WIESEL and MODELL (2014), DODGSON GANN and PHILLIPS (2015) RAMIREZ, CHACON and EL KADI (2018), WHEELLEN, HUNGER, HOFFMAN and BAMFORD (2018) and RAMIREZ, ROYERO and EL KADI, (2019) have ventured into organizational studies where innovation is the persistent variable in the face of new competitive trends that prevail in the world, which justifies the existence of new thematic lines such as the social intelligence and resonant leadership. All of this, makes it possible to visualize a number of attributes that make these study variables are selected for implementation in health institutions, as an innovative management tool to accompany people (See Table 1).

Table 1. Features of social intelligence and resonant leadership

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Set of competencies needed to fulfill social responsibility, generating attachment, cooperation and avoiding conflicts.  
 It positively influences the optimal performance and collaborator performance.  
 In tune with people's feelings, channeling them in an emotionally positive direction, transforming moods.  
 It opens the way through the unknown, inspiring people to make innovative way possible.  
 It innovates spaces and contexts, trying in human talent to give their best.  
 It is a management tool of the organization, as part of the strategy.  
 Routed human talent training and development.  
 They are articulated to create human talent in a competitive differentiator value.

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Source: Prepared by the authors (2019)

### **3. METHODOLOGY**

The focus of the current research is positivistic and quantitative method. HERNANDEZ, FERNANDEZ and BAPTISTA (2014), state that knowledge should be objective, generated from a deductive process in which, through numerical medication and inferential statistical analysis, previously formulated hypotheses associated with practices and norms of natural sciences and positivism are tested. The research, focused on social intelligence and resonant leadership in public health institutions, presents a descriptive type; because it, studies variables by obtaining data from primary sources and its purpose is to describe the problem. According to HERNÁNDEZ et al (2014) and HERRERA, GUERRERO and RAMIREZ (2018), descriptive research seeks to specify properties, characteristics, profiles of people, groups, communities, processes, objectives or any other phenomenon that is subject to analysis. In other words, it is only intended to measure or collect data independently or jointly on the concepts or variables that relate manner.

According to its depth, it was established in a descriptive-correlational research, which was carried out taking into account the realities of the facts that emerged during the investigation and had as management the relation of the variables of social intelligence and resonant leadership. for HERNANDEZ et al (2014), this type of situation associates variables through a predictable pattern for a population group. According to the design, the type of research was in the field, being the source of information the medical personnel, the

assistance and the administrative staff of public institutions type 4. In the same order of ideas, it is catalogued as transactional, in attention to the postulates of HURTADO (2010), because the time line was in the period from 2018 to 2019, collecting the data in a single moment, in a single time; its purpose was to analyze the variables in a given moment, and then process the results, giving rise to conclusions and recommendations.

According to HERNANDEZ et al. (2014), they define a non-experimental study when there is no deliberate manipulation of the variables and only the phenomena in their natural environment are observed and analyzed. In this way, current research is catalogued as transversal, non-experimental, of the field and correlational. The study population consisted of hospitals classified type 4 in Zulia state, characterized by three levels of medical care, with long-stay units and patients shelter, located in populations of more than one hundred thousand (100,000) inhabitants and with an area of influence of more than one million (1,000,000) people. Its functional structure consists of the management departments, basic clinical departments, emergency, critical medicine, surgical services consisting of neurosurgery, orthopedics, proctology, medical services: immunology, endocrinology, geriatrics, occupational medicine, nuclear medicine and medical genetics.

In this regard, three (3) hospitals in Zulia state were used as a population, including the University Hospital of Maracaibo, the General Hospital of the South “Pedro Iturbe”, both in the municipality of Maracaibo, and the Adolfo D’Empire Hospital, in the municipality of Cabimas, the universe being finite (see table 1). The units of analysis are thirty (30) determined by the number of people holding relevant positions

to the medical staff, head of the pediatric division, head of the internal medicine division, head of the surgery division and head of the gynecology and obstetrics division, care staff; technical and paramedical staff; head of the nursing department and head of the department of social services, finally, the administrative staff; head of medical care, head of file, head of the department of human resources and head of medical audit; all of both genres, adults, professionals, permanent contracts, regardless of their marital status.

Table 1. Type 4 Public institutions Health Zulia state

Areas	Informant Units	Quantity
Medical staff.	Chief of Pediatrics Division.	3
	Chief of Internal Medicine Division.	3
	Chief of Surgery Division.	3
	Head of Gynecology and Obstetrics Division.	3
Assistance Personnel, Technical and Paramedic.	Head of the Nursing Department.	3
	Head of the Department of Social Services.	3
Administrative staff.	Chief Medical Care.	3
	Chief of File.	3
	Chief of HR Department.	3
	Chief of Medical Audit.	3
<b>Total</b>		<b>30</b>

*Source: Database of the Hospital Universitario de Maracaibo, Southern General Hospital "Pedro Iturbe" and Adolfo D'Empaire Hospital of the National Public Health System-SPNS - Venezuela (2019)*



These hospitals were selected for having a number of significant management units consisting of departments or areas of work, number of personnel and services through the National Public Health System (NPHS) and demand for assisted citizens, which are representative for consolidating the research. These institutions have centralized agencies that depend on the NPHS, it was possible to verify that they use the same managerial management, suffering constantly from changes of command in their organizational structure, which will allow to obtain findings.

The survey was used as a data collection technique, and as an instrument a questionnaire, which consists of a list of questions with a multiple-choice scale, structured by fifty-seven (57) items, with an ordinal scale, by means of answer options, (A) always (AA): almost always (S): sometimes (AN): almost never, (N): never. On the other hand, HERNANDEZ et al. (2014) stated that this type of scale is a set of items presented in the form of statements or judgments, to which the reaction of the participants is requested, these directions can be positive or negative, according to which the response options will be codified: from five (5) to one (1) the positive statements and from one (1) to five (5) negative statements, (table 2).

Table 2. Codification of response options

Positive Alternative Options	Negatives Weighting Options
(5) Always	(1) Never
(4) Almost Always	(2) Almost Never
(3) Sometimes	(3) Sometimes
(2) Almost Never	(4) Almost Always
(1) Never	(5) Always

Source: Hernández, Fernández and Baptista (2014).

In order to respond to the purpose of the research, a scale of interpretation of the arithmetic mean was generated, establishing the behavior of the indicators of social intelligence and resonant leadership (Table 3).

Table 3. Scale categorization of the arithmetic mean establishing the behavior of social intelligence and resonant leadership variables

Scoring Range	Categorization
1 - 1.79	Lousy
1.80 - 2.59	Moderately Lousy
2.6 - 3.39	Moderate
3.4 - 4.19	Moderately Optimal
4.2 - 5	Optimum

Source: Prepared by the authors (2019).

the validity of the content was considered through the judgement of ten (10) experts, who determined the relevance of the items in relation to the variables, objective, dimension and indicators as well as the sample collection. According to C HAVEZ (2007), reliability is the degree of congruence with which a variable is measured for research. For this purpose, a pilot test was carried out on ten (10) subjects, with similar characteristics to the target population. Then, the Cronbach Alpha coefficient was used to validate the reliability of the instrument, indicating that it is highly reliable according to the scale of interpretation.

Once data collection was complete, the results are analyzed. For NIÑO (2011), the analysis of data from interviews implies that the researcher examine processed data, reviews the original material

recorded material to examine it, comparing responses from interviewees, with the purpose of observing detailed information, considering the moment and circumstances in which they responded, and attitudes reflected in the application. The analysis of data by surveys, are represented numerically in tables, providing statistical analysis.

Therefore, the analysis of data obtained produced by the studied population will be made by coding and tabulation by the researchers, with the IBM SPSS Statistics V.22 program, in order to later apply the descriptive statistics; for CRUZ, OLIVARES and GONZALEZ (2014), this then tries to infer or draw conclusions about some aspects of the population, which refers to the confirmation of a hypothesis, hypothesis test or estimation of some numerical average or other characteristics of the population .

#### **4. DISCUSSION OF RESULTS**

When establishing the relationship between social intelligence and resonant leadership in public health institutions, table 4 shows no correlation between both variables because Pearson's correlation coefficient is -0.045 and non-significant evidenced ( $\text{sig.} \leq 0.815$ ). The results denote inconsistency with the theories of SCHVARSTEIN (2003), ALBRECHT (2007), MORGADO (2007), PERRY and HONDEGHEM (2008), WAWRA (2009), SERNA (2012), WIESEL and MODELL (2014) and CAILLIER (2014, 2016) studied, which

stands clearly that social intelligence is considered a predictor of resonant leadership, facilitating the maximization of organizational efficiency and the achievement of organizational objectives.

Table 4. Correlation between social intelligence and resonant leadership in public health institutions

		Social Intelligence	Resonant Leadership
Social Intelligence	Pearson's correlation	1	-,045
	Next (Bilateral)		,815
	N	30	30
Resonant Leadership	Pearson correlation	-,045	1
	Next (Bilateral)	,815	
	N	30	30

Source: Prepared by the authors (2019).

While many studies have stated that there is a link between social intelligence and leadership, few studies affirm this possibility of a relationship between social intelligence and leadership behavior (HIGGS and AITKEN, 2003). Due to the variety of businesses, management positions require more than just skills and practical knowledge, emotions play an important role in the effectiveness of leadership (GEORGE, 2000). PEÑA (2014), considers it convenient to develop attitudes to obtain good social intelligence such as empathy, leadership, verbal competence, emotional intelligence, assertiveness, listening and paying attention, to be able to analyze the body language of others, to be good at psychoanalyzing. By properly applying social

intelligence and resonant leadership, we seek to foster social relations among employees and create a good working environment (MEDINA, 2015; PASHA, POISTER, WRIGHT and THOMAS, 2017; GOLEMAN, BOYATZIS and McKEE, 2016).

## **5. FINAL CONSIDERATIONS**

According to the discussion of the results, it is concluded that: (1) due to the null relation between social intelligence and resonant leadership, each variable is expressed independently, for this reason it is necessary the redefinition of current and emerging terms of the study variables, different units of analysis to review their behavior before the variables, and to rethink the design for data collection, (2) the analysis of the theoretical frameworks confirm that the center of every organization is the human talent, and that on these depend the generation of value, qualified by their soft areas, leading to their generic competences, which transversalize their actions.

At the same time (3) social, economic and political factors affect the strategic management of human talent, impacting enterprise networks, stakeholders and clusters, for this reason it is imperative to think of new ways of managing with people, and (4) the management of study variables studies socially impact the functional areas of institutions, causing transformations in the health personnel to provide adequate, timely and high quality care, aimed at meeting the needs of all the population that goes to the fourth level centers. It is essential to

persist in the struggle to encourage and strengthen the strategic development of talent, regardless of the specific nature of the hospital.

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